

Oklahoma Health Care Authority



**SoonerCare 1115(a)
Research and Demonstration Waiver
Amendment Request**

Project Number: 11-W-00048/6

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Section 1. Introduction

Background

The Oklahoma Health Care Authority (OHCA) is the state's single state Medicaid agency. OHCA operates the SoonerCare Choice and Insure Oklahoma programs under 1115(a) demonstration authorities. On August 30, 2018, CMS approved OHCA's request to extend the demonstrations for a five (5) year period. The renewal included an extension of the existing waivers of certain Title XIX regulations as well as updates to the expenditure authorities and the Special Terms and Conditions (STCs) in order to: (1) expand Health Access Networks (HAN) statewide; (2) incorporate technical corrections; (3) include new temporary expenditure authority to certain medical education programs; and (4) provide retroactive eligibility for pregnant women and children under age 19. The current demonstration is approved for the period of August 31, 2018 through December 31, 2023.

The demonstration provides for a modification of the service delivery system for family and child populations and some aged, blind, and disabled populations. Oklahoma's SoonerCare Choice program offers a managed care delivery system of enhanced primary care case management to qualified populations statewide. Insure Oklahoma provides premium assistance to small business and employees. This amendment request is directed to the SoonerCare Choice program.

Since the inception of the SoonerCare demonstration, the OHCA has implemented several programs and strategies that reflect the goals and objectives of the State to improve health outcomes for Oklahomans through the demonstration.

While the SoonerCare program and the State have successfully improved in some health outcomes as evidenced by having moved from 46th to 43rd in the nation according to the 2017 America's Health Rankings report¹, there is still work to be done. Oklahoma's Governor released a statement applauding the efforts by state health officials and stated, "That's good progress, but none of us are going to settle for a ranking of 43rd. Together, we can continue to improve our health".² Based on the commitment of the State's leadership to invest in and improve upon healthcare and health outcomes for Oklahomans, the State continues to pursue innovative approaches.

With the announcement from the current administration to support innovative approaches to increase employment and community engagement³, Oklahoma began exploring strategies that would allow the State to take advantage of flexibilities in the SoonerCare program that are designed to improve health outcomes. A workgroup was convened in 2017 by the Governor to examine the effects and barriers of work requirements as a condition of SoonerCare eligibility. The workgroup was tasked with assessing the most effective way to engage individuals receiving public assistance in the State to take an active role in their communities through employment, education, and training activities resulting in skills needed for long-term independence, success, better health, and well-being. The correlation between employment and health for the

¹ [Americas Health Rankings](#)

² [KFOR News Article](#)

³ [Health and Human Services](#)

general population is well established and presented in several large-scale literature reviews and meta-analyses.⁴

The workgroup examined social determinants of health, including economic and social factors such as employment and community engagement and established that the promotion and advancement of consumer education, training, employment, and job activity has a direct correlation to health outcomes. It was determined that by encouraging job seeking, employment, and participation in and completion of skills/training/education programs, Oklahoma could impact employment rates and improve health outcomes simultaneously. Additionally, the workgroup concluded that these innovations could have a positive impact on enrollment for the Insure Oklahoma programs or other private insurers. These initiatives could lead to improved overall health for members, as the correlation between employment and better physical and mental health has been documented.⁵ Further, the initiative will support a better-trained workforce within the state of Oklahoma.

As a result of the workgroup's findings, on March 5, 2018, the Governor of Oklahoma signed an executive order⁶ directing the OHCA to apply for waiver and state plan amendments that would allow the State to implement work requirements in the State Medicaid program. In addition to the executive order, HB 2932 was passed by the state legislature, in the Oklahoma 56th Second Legislature Session, and signed into law by Governor Mary Fallin on May 7, 2018. HB 2932 directed OHCA to pursue modifications to SoonerCare eligibility criteria to reflect that receipt of SoonerCare coverage for certain SoonerCare populations is conditional upon documentation of educational, skills training, work, or job seeking activities.

The agency began its public notice process July 3, 2018 and concluded online comments September 30, 2018. The agency's initial priorities were to educate the public on the requirements under the amendment, the populations impacted and the populations exempted. Subsequently, the agency conducted over 30 public and targeted forums statewide to garner public and stakeholder input into the development of the amendment. As a result of the feedback, the agency identified priorities to be addressed and convened several workgroups. The workgroups consisted of agency staff, external stakeholder partners, sister agency partners, and legislature and executive branch representatives. The workgroups addressed opportunities for solutions to concerns related to reporting requirements, job availability, transportation, child care, potential loss of medical coverage, outreach and education of impacted members, and additional exemption requests. This waiver amendment has been revised in response to public feedback and recommendations from the workgroups.

⁴ Paul, K. I., & Moser, K. (2009). Unemployment impairs mental health: Meta-analyses. *Journal of Vocational Behavior*, 74, pp. 264-282.

⁵ United Health Group, *Doing Good is Good For You: 2013 Health and Volunteering Study*, 2013; Waddell, Gordon, & Burton, A. Kim (2006) *Is Work Good For Your Health and Well-Being?* The Stationery Office Limited, Department for Work and Pensions.

⁶ Please refer to Attachment E.

Section 2. Waiver Amendment Request

In accordance with the directives listed above, the State submits this amendment to the approved demonstration ending December 31, 2023, to implement Community Engagement (CE) requirements as a condition of eligibility for certain SoonerCare populations. Where possible the proposed requirements align with Supplemental Nutrition Assistance Program (SNAP) guidelines for work, community engagement, and exemptions. OHCA asks CMS to modify the approved waiver to incorporate the following provisions:

1. Modify the existing waiver list to add community engagement requirements for certain individuals age 19 through 50;
2. Modify the existing STCs to add Medicaid eligibility criteria to certain individuals age 19 through 50; and
3. Revise the waiver document to include evaluation criteria that measures the established hypotheses for the proposed community engagement activity requirements.

Implementation of community engagement requirements will give the state the opportunity to test the results of using (CE) requirements as a condition of eligibility, and its relationship to health outcomes. Further, state will be able to measure the impact of coverage bridged to Insure Oklahoma or other employer-based or private coverage for members whose income exceeds the eligibility threshold due to new or additional employment. If these members lose SoonerCare eligibility but gain a new form of health coverage, this data will be collected and reported to CMS.

The SoonerCare eligibility CE requirements under this amendment exclude certain populations. Exclusions are defined in Section 6 below. OHCA will report data on member compliance with CE requirements and eligibility status to the extent permitted by federal and state privacy laws, to remain in compliance with CMS Special Terms and Conditions for the waiver. To comply with reporting requirements in meeting the goals and objectives of the waiver amendment.

The proposed effective date of this amendment is upon approval by the Centers for Medicare and Medicaid Services (CMS).

Section 3. Waiver List

The agency requests the existing approved waiver authorities continue under this amendment and the addition of the proposed waiver provision for CE:

3.1. Required Community Engagement Activities as a condition of eligibility (Section 1902(a)(10)(A))

To enable the State to require all individuals age 19 through 50 (except for excluded populations) to participate in CE activities as a condition of SoonerCare eligibility and to

permit disenrollment and prohibit re-enrollment of individuals who do not meet the requirements.

Section 4. Expenditure Authority

The OHCA is not requesting a change to the expenditure authority for this amendment.

Section 5. Community Engagement Requirements and Qualifying Activities

5.1. Community Engagement Requirements

To qualify for or remain eligible for SoonerCare benefits, upon implementation:

1. Non-exempt members starting on their recertification date or new applicants' age 19 through 50 will be required to provide verification of participation in at least an average of eighty (80) hours per month, of approved CE activities.
2. Non-exempt individuals or existing SoonerCare members will have a 90-day grace period, from the time of SoonerCare application for new eligibles or recertification for the existing population, to verify compliance with CE requirements. Verification of compliance may be documented or provided to OHCA through various methods as described in 7.1.2., below. Persons exempt from this requirement are listed in Section 6.
3. Individuals who have recently been released from incarceration (define as anyone who has been sentenced by a court for prison or jail time) within the last six (6) months of application date, will have a 9-month grace period to comply with CE reporting.
4. The OHCA recognizes that there may be challenges to members or new applicants to comply with the CE requirements, therefore, upon approval and implementation of CE eligibility requirements, the OHCA will employ a phased-in approach for members and new applicants who do not meet the CE required hours per week/month. Members or new applicants may gradually work up to the required hours per week/month as outlined in Table # 1 below.
5. The OHCA will provide reasonable accommodations for members or applicants with disabilities protected by the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act and Section 1557 of the Patient Protection and the Affordable Care Act, who are unable to report, or have difficulty reporting CE activities. Members or applicants who are classified under one of the above protections will have an opportunity to participate in and report their CE activities through the reasonable accommodations.

Table #1 Community Engagement Hours

Hourly Requirement Phase In of the Community Engagement Initiative	Required Participation Hours
1 - 3 months (grace period)	No verification needed
4 - 6 months	Verification of at least 10 hours of CE per week
7 - 9 months	Verification of at least 15 hours of CE per week
10 – 12 months	Verification of at least 20 hours of CE per week

5.2. Community Engagement Qualifying Activities

In order to meet conditions of CE activity requirements for SoonerCare eligibility, non-exempt members or new applicants must comply with at least one or a combination of the following CE activities for an average of eighty (80) per month, or the phased-in hours per week as detailed in Table #1 above. The employment may be paid, in-kind, unpaid, or volunteer work. Members and new applicants meet the CE requirements by participating in:

1. Workforce Innovation and Opportunity Act (WIOA) Program;
2. The Trade Adjustment Assistance Program;
3. The Employment and Training (E&T) Program. Job search or job search training activities, when offered as part of other E&T program components, are acceptable as long as those activities comprise less than half the total required time spent in the components;
4. Education related to employment;
5. General Education Development/Diploma (GED);
6. Vocational education/training;
7. Participation in Oklahoma Works;
8. Volunteer work (e.g., classroom volunteer, faith-based or community service programs); or
9. Meet any combination of work, participating in work training or volunteering the specified numbers of hours per week, averaged monthly.

Section 6. Persons Exempt from Community Engagement

Members or new applicants meeting one or more of the below listed exemptions will not be required to complete CE related activities during any month(s) in which the exemption applies to maintain continued eligibility.

1. Individuals under age 19 years of age or over 50 years of age;
2. Individuals who are pregnant;
3. Individuals who are medically certified as physically or mentally unfit for employment;
4. A parent or caretaker responsible for the care of a dependent child under the age of 6;
5. A parent or caretaker personally responsible for the care of an incapacitated person; (as attested to by a Medical or Mental health provider);
6. A person currently subject to and complying with Temporary Assistance for Needy Families (TANF) or SNAP work registration requirements;
7. Individuals participating in a drug addiction or alcohol treatment and rehabilitation program;
8. Students enrolled at least part time in any recognized (to be determined in rulemaking) school, training program, or institution of higher education;
9. Persons currently subject to and complying with a work registration requirement under title IV of the Social Security Act, as amended (42 U.S.C. 602) or Federal-State unemployment compensation system;
10. Persons who are self-employed working a minimum 30 hours weekly or receiving weekly earnings equal to federal minimum wage multiplied by 30 hours;
11. Persons with a disability under the definitions of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, or Section 1557 of Affordable Care Act; however, these members will have the opportunity for voluntary reporting if that is their preference
12. Other state exemptions include:
 - a. Members enrolled in the OHCA family planning program under the state plan (SoonerPlan); and
 - b. Members in the OHCA Breast and Cervical Cancer Program (Oklahoma Cares); and

- c. Oklahoma foster care parents; and former foster care members; and
- d. American Indians and Alaska Natives.

Section 7. Reporting of Community Engagement Activities and Non-compliance

7.1. Reporting of Activities

The OHCA will initially access various partner database resources to verify employment, training, or job search activities. Sources include, but are not limited to, the Oklahoma Employment Security Commission and Oklahoma Works.

1. If OHCA is able to verify CE activities through data resources, the member or applicant will not have to report CE activities.
2. If the OHCA is unable to verify compliance with CE activities through data resources, the applicant or existing member will be notified of the requirements at application and via correspondence. Such notification may be provided via mail or e-mail based on their preferred notification option. Members must report their CE activities on a monthly basis unless they meet an exemption.
3. Existing SoonerCare members may upload employment or CE verification activities to their MySoonerCare.org member account. If the member is unable to access MySoonerCare.org or needs assistance, they may contact the SoonerCare Helpline or mail in documentation to OHCA.
4. Volunteer hours must be documented on the OHCA form and signed by a representative of the organization where the service was provided.

The OHCA has developed various CE forms that members or applicants are required to use to report CE activities or apply for exemptions. The forms will be available to upload directly through the member's MySoonerCare account, through a partner agency or via PO Box. (Refer to Attachment D for sample forms)

7.2. Non-compliance

Members who do not meet any of the exemptions listed in Section 6 or have a good cause exemption listed in Section 9, will have eligibility terminated in accordance with current termination and notification policies.

Section 8. Re-enrollment After Loss of Eligibility

Members who lose eligibility for non-compliance with CE requirements may re-apply for SoonerCare benefits under the following conditions:

1. If the member complies with CE activities for at least the specified number of hours in Table #1 in a 30-day period, the member may regain eligibility;

2. If the member participates in and complies with the requirements of a program under section 2029 of title 7 U.S.C. 2015 or a comparable program established by a State or political subdivision of a State;
3. If the member meets an exemption status in Section 6, their eligibility would begin in the current month of when the state received notification of the exemption; or
4. If the member becomes pregnant, eligibility could be retroactive to a prior month per established state policy.
5. Transitional Medical Assistance (TMA): Members whose income increases over 100 percent of the Federal Poverty Level (FPL) but is less than 185 percent of the FPL may qualify for TMA. Except for the income limit and frequency of reporting, all other existing TMA rules will be used for coverage for this population for TMA coverage.

Section 9. Good Cause Exemptions

Any member may submit a good cause exemption request. A good cause exemption request will be reviewed and determined on a case by case basis. The good cause exemptions align in part with the exemptions for the Oklahoma SNAP program.

Section 10. State Assurances

Prior to implementation of CE as a condition of continued eligibility, the state shall:

1. Maintain system capabilities to operationalize the denial of eligibility and the re-enrollment once CE requirements are met.
2. Ensure that there are processes and procedures in place to efficiently report CE hours or obtain an exemption in accordance with 42 CFR 435.907(a) and 435.945 and to permit Oklahoma to monitor compliance.
3. Ensure that there are timely and adequate member notices provided in writing including, but not limited to, information about:
 - a. When CE requirements will commence for the specific member;
 - b. Whether a member is exempt, how the member must indicate to the state that she or he is exempt, and under what conditions the exemption would end;
 - c. The specific number of CE hours per month that a member is required to complete, and when and how the member must report their compliance;

- d. Supplying members with resources and the community supports that are available to assist in meeting CE requirements;
- e. Informing the member of how CE hours will be counted and documented;
- f. Notifying a member if she or he is out of compliance and the consequences of noncompliance;
- g. If a member has requested a good cause exemption, that the good cause has been approved or denied, with an explanation of the basis for the decision and how to file an appeal;
- h. Assurance that disenrollment or denial of eligibility will only occur after an individual has been screened and determined ineligible for all other basis of Medicaid eligibility and reviewed for eligibility for insurance affordability programs in accordance with 42 CFR 435.916 (f);
- i. Providing full appeal rights as required under 42 CFR, Part 431, subpart E prior to termination of eligibility and observe all requirements for due process for members whose eligibility will be terminated for failing to meet the CE requirement including, allowing members the opportunity to raise additional issues in a hearing, whether the member should be subject to the termination, and provide additional documentation through the appeals process.
- j. Providing reasonable accommodations related to meeting the CE requirements for members with disabilities protected by the ADA, Section 504 of the Rehabilitation Act, and Section 1557 of the Patient Protection and Affordable Care Act, when necessary, to enable them to have an equal opportunity to participate in and benefit from the program. The State will also provide reasonable modifications for program protections and procedures including, but not limited to: assistance with demonstrating eligibility for good cause exemptions; appealing suspensions; documenting CE activities and other documentation requirements; understanding notices and program rules related to CE requirements; and other types of reasonable modifications. The reasonable modifications must include exemptions from participation where an individual is unable to participate for disability-related reasons, modifications in the number of hours of participation required, and provision of support services necessary to participate, where participation is possible with supports. In addition, the state will evaluate an individual's ability to participate and the types of reasonable modifications and supports needed.

Section 11. Fair Hearing

Each member has a right to a fair hearing to appeal a denial or termination of SoonerCare benefits. An applicant or a member may file an appeal in accordance with procedures found at OAC 317:2-1-2(a). Months for which a member has requested an appeal or has successfully appealed the State's determination of non-compliance will not require CE reporting.

Section 12. Member Impact

The SoonerCare eligibility requirements under this waiver will promote community engagement among the non-exempt adult, parent-caretaker population within the SoonerCare program. OHCA is continuing its analyses to determine how many of these members would be exempt or are already furnishing documentation of meeting the proposed CE requirements. The agency is also performing testing on potential data matches that will give additional clarification regarding the potential implementation of CE.

Section 13. Required Elements of Waiver Amendment Process

13.1. Public Process

The OHCA conducted an extensive and transparent 90-day public process for this initiative in accordance with federal and state requirements. During the comment period, approximately 1,200 comments were received via the public website, mail, and public meetings. In addition to the required two public meetings, the OHCA conducted thirteen (13) public forums across the state as well as sixteen (16) targeted partner and advocacy stakeholder group meetings. To date, OHCA held two (2) required public meetings and two (2) tribal consultations. (See attachment B for a list of the CE meetings and forums.)

13.2. Stakeholder, Member, and Public Comments Received

See attachment C for a summary of the public comments.

Section 14. CHIP Allotment Worksheet

The CHIP allotment worksheet is not applicable for the populations required to participate in the CE eligibility program as the amendment is for adults only.

Section 15. Monitoring and Evaluation of Waiver Amendment

The State remains committed to ensuring the health and well-being of SoonerCare members. Monitoring and evaluation are important for understanding the outcomes and the impacts of CE. The State will employ efforts to monitor the elements of this program by developing a monitoring plan, submitting regular monitoring reports describing progress made in implementing CE activities requirements, as well as engaging in regular communication with CMS regarding monitoring and technical assistance efforts.

15.1. Monitoring

The OHCA will submit to CMS a draft of proposed metrics for semi-annual and annual monitoring reports in order to jointly identify metrics. Metrics will reflect the major elements of the demonstration and data that applies to CE initiatives including, but not limited to: member enrollment and termination for failure to meet program requirements, remediation to services for both members and individuals terminated for failure to meet the requirements, and the overall functioning of the demonstration. Analysis of data will allow the OHCA to report key challenges, underlying causes of those challenges, and strategies for addressing identified challenges, as well as key achievements and the conditions and efforts that lead to those successes.

15.2. Evaluation

For the initial year of the demonstration, the OHCA will establish baseline data for its proposed hypotheses. However, subsequent to the initial year, and after the OHCA has been able to gather data on member experiences, the OHCA will evaluate health and other outcomes for individuals that have been enrolled in and subject to the provisions of community engagement.

15.3. Evaluation Design

The evaluation design will provide a discussion of the evaluation questions and hypotheses that the OHCA intends to test, including the hypothesis that requiring certain SoonerCare members to participate in CE activities increases the likelihood that those SoonerCare members will achieve improved health outcomes. The OHCA's evaluation will provide an analysis of the effects on members' experiences in obtaining sustainable employment, to the extent to which individuals who transition from SoonerCare obtain employer sponsored or commercial coverage, and how such transitions affect member health and well-being.

The hypothesis testing will include, where possible, assessment of both process and outcome measures. The evaluation design will include multiple data sources including, but not limited to: stakeholder perspectives, surveys of members (both enrolled and those no longer enrolled as a result of the implementation of program requirements), claims data, and survey data.

The OHCA will track and evaluate health and CE outcomes for those who remain enrolled in SoonerCare. To the extent permitted by federal and state privacy laws and availability of information and state resources, OHCA will track those who are subject to the requirements but lose or experience a lapse in eligibility or coverage during the course of the demonstration. OHCA will provide details on how we will track these outcomes in our demonstration evaluation designs.

15.4. Baseline Data

According to the United States Bureau of Labor Statistics, the Oklahoma unemployment rate was 3.5% as of September 2018. This is down from 4.9% in October of 2016.⁷ Uninsured rates in Oklahoma went up 0.4% from 13.8% in calendar year (CY) 2016 to 14.2% in (CY) 2017.⁸ Both of these have a bearing on SoonerCare eligibility and enrollment.

To assist persons who will potentially be impacted by CE requirements to maintain or acquire SoonerCare coverage, the OHCA has identified several state and community resources to provide supportive services to the member/applicant. Resources, include but are not limited to:

1. A seamless transition or the bridge to coverage through the Insure Oklahoma Individual Plan (IO/IP) for persons who may become ineligible for SoonerCare due to employment. If the member's income does not exceed the maximum FPL for IO/IP, the OHCA will enroll the member into the IP. The member will be subject to nominal premiums and cost share, but will remain insured.
2. The OHCA will supply a real time transfer of data to Oklahoma Works for members who are identified as needing resources for CE. Oklahoma Works will immediately be able to work with the member to get them enrolled in job search or training programs thereby deeming them in compliance with CE requirements.
3. The OHCA will enhance the contract with the HANs to provide outreach efforts and activities by the HANs. Since the networks are embedded within the communities, they will have access and resources to assist members with CE requirements.
4. A CE dedicated resource web page that will link members to community resources within their respective communities for job/training/volunteer opportunities.

The SoonerCare Choice Demonstration enrollment for adult members, 19 through 64 years of age, has remained relatively flat from January 2015 through October 2018, particularly when focusing on adult members who are non-pregnant, non-Native American, and are not receiving long-term care services. Through work and community engagement and by promoting the relationship between employment and health, the State expects to demonstrate improvement in health outcomes for these adults.

⁷ United States Department of Labor, Bureau of Labor Statistics, Oklahoma Economy at a Glance, [Bureau of Labor and Statistics](#)

⁸ Oklahoma Health Care Authority, Office of Data Governance and Analytics

15.5. Hypotheses of Waiver Amendment

The OHCA is proposing to test a series of hypotheses that will allow the State to evaluate its success in achieving the overall goals of the demonstration as well as identifying opportunities for improvement. The table below outlines the proposed hypotheses for this demonstration and potential performance measures that will allow the OHCA to effectively test each of the specific hypotheses:

Proposed Hypothesis	Proposed Performance Measure
Implementation of CE requirements will improve health outcomes of members in the program.	Follow CE cohort group and compare utilization claims historically for one year with claims for one year for same group required to comply with CE.
Implementation of CE requirements will decrease emergency room visits for the impacted adult population.	The impacted adult population emergency room visits before CE compared to emergency room visits after compliance with CE.
Implementation of CE requirements will increase the completion of education and job training that results in employment for the impacted adult population.	Number of members that were referred to job training or education through Oklahoma Works that completed or participated in job training and obtained a job that met CE requirements.

Section 16. Budget Neutrality (BN)

The current budget neutrality will not be affected by the proposed amendment. The OHCA has provided the most current budget neutrality submitted for the 2019-2021 renewal requests (refer to Attachment A).

Section 17. Conclusion

Oklahoma is committed to supporting SoonerCare members in improving their health outcomes through CE activities. Active participation in the community is part of building a healthy lifestyle and a contributing factor to self-esteem and overall well-being. This initiative supports the assistance to families to obtain community resources such as training and job/skills opportunities⁹.

Due to the strong connection between employment and overall health, people who are unemployed have higher mortality and poorer health outcomes. Further, longitudinal studies have found that these effects of unemployment exist regardless of any pre-existing health conditions.¹⁰

⁹ Workforce Health and Productivity. Health Affairs (Millwood), 2017. 36(2): p. 200-201.

¹⁰ [Robert Wood Johnson Foundation Commission to Build a Healthier America](#)

Given this information, a well-designed process to connect individuals to employment in a way that promotes positive health outcomes and financial stability is essential. Through this amendment request, the State seeks to increase participation in the active CE requirements to connect members to gainful employment, in a way that improves physical and mental health and the individual's overall financial stability and well-being.¹¹

Section 18. Attachments

Attachment A - Budget Neutrality Summary

Attachment B - Community Engagement Meetings and Forums List

Attachment C - Public Comment Summary

Attachment D - Reporting Forms

Attachment E - Governor's Executive Order

¹¹ Ruhm, C.J., Recessions, healthy no more? J Health Econ, 2015. 42: p. 17-28.

Attachment A: Budget Neutrality Summary

Budget Neutrality Summary				
<u>Without-Waiver Total Expenditures</u>	<u>CY19</u>	<u>CY20</u>	<u>CY21</u>	
	DEMONSTRATION YEARS (DY)			TOTAL
	DY 01	DY 02	DY 03	
<u>Medicaid Populations</u>				
Medicaid Pop 1-TANF Urban	\$ 1,816,273,081	\$ 1,941,067,363	\$ 2,074,437,622	\$ 5,831,778,066
Medicaid Pop 2-TANF Rural	\$ 1,213,585,052	\$ 1,283,953,827	\$ 1,358,406,869	\$ 3,855,945,749
Medicaid Pop 3-ABD Urban	\$ 491,294,818	\$ 505,621,617	\$ 520,366,484	\$ 1,517,282,919
Medicaid Pop 4-ABD Rural	\$ 317,623,282	\$ 327,016,515	\$ 336,688,008	\$ 981,327,804
<u>DSH Allotment Diverted</u>	\$ -	\$ -	\$ -	\$ -
<u>Other WOW Categories</u>				
Category 1				\$ -
Category 2				\$ -
TOTAL	\$ 3,838,776,233	\$ 4,057,659,322	\$ 4,289,898,983	\$ 12,186,334,539
<u>With-Waiver Total Expenditures</u>				
	DEMONSTRATION YEARS (DY)			TOTAL
	DY 01	DY 02	DY 03	
<u>Medicaid Populations</u>				
Medicaid Pop 1-TANF Urban	\$ 1,131,415,689	\$ 1,226,577,839	\$ 1,328,269,723	\$ 3,686,263,251
Medicaid Pop 2-TANF Rural	\$ 700,092,043	\$ 740,554,412	\$ 783,359,301	\$ 2,224,005,756
Medicaid Pop 3-ABD Urban	\$ 442,669,118	\$ 455,564,457	\$ 468,835,783	\$ 1,367,069,358
Medicaid Pop 4-ABD Rural	\$ 320,250,457	\$ 329,711,137	\$ 339,451,571	\$ 989,413,166
<u>Expansion Populations</u>				
Exp Pop 1-NDWA-ESI	\$ 64,848,777	\$ 69,113,486	\$ 73,658,659	\$ 207,620,922
Exp Pop 2-TEFRA	\$ 7,049,194	\$ 7,860,683	\$ 8,765,588	\$ 23,675,465
Exp Pop 3-College-ESI	\$ 380,300	\$ 404,113	\$ 429,417	\$ 1,213,830
Exp Pop 4-NDWA-IP	\$ 39,482,875	\$ 43,302,192	\$ 47,490,965	\$ 130,276,032
Exp Pop 5-College-IP	\$ 424,322	\$ 439,626	\$ 455,483	\$ 1,319,431
Exp Pop 6-HAN	\$ 9,247,136	\$ 9,502,357	\$ 9,764,622	\$ 28,514,116
Exp Pop 7-HMP	\$ 11,782,730	\$ 12,136,212	\$ 12,500,298	\$ 36,419,239
TOTAL	\$ 2,727,642,642	\$ 2,895,166,515	\$ 3,072,981,411	\$ 8,695,790,568
VARIANCE	\$ 1,111,133,592	\$ 1,162,492,808	\$ 1,216,917,572	\$ 3,490,543,971

Attachment B: Community Engagement Meetings and Forums List

Type	Date	Description	Location
Public	7/11/2018	Tribal Consultation	OHCA
Public	7/19/2018	Medical Advisory Committee Meeting	OHCA
Phone	7/31/2018	Update w/board member Tanya Case	OHCA
OHCA	8/1/2018	OHCA staff organizational meeting re: CE initiatives	OHCA
Phone	8/1/2018	Update call with Sec Bengé & Rebecca Hobbes	Conference call
Targeted	8/2/2018	DHS Aging & Family Services Leadership (Director Patrick Klein , Deputy Directors & Regional SNAP Program staff)	OKDHS
Phone	8/3/2018	Update w/board member Alex Yaffe	Conference call
Phone	8/3/2018	Update w/HHS Secretary Steven Buck	Conference call
Targeted	8/6/2018	Introduction meeting with Erin Risley-Baird (OK Office of Workforce Development) and Rebecca Hobbes	OHCA
Targeted	8/7/2018	Oklahoma Primary Care Association (OKPCA) Directors	OKPCA
Targeted	8/9/2018	Update with board member Stan Hupfeld and Suzan Whaley, Integris Health Systems	OHCA
Public	8/9/2018	Update to OHCA Board Members and Public in attendance	OHCA
Targeted	8/9/2018	Rep. Melodye Blancett & OK Policy Institute (Carly Putnam)	OHCA
Public	8/10/2018	OU Sooner Health Access Network (HAN)	Tulsa
OHCA	8/13/2018	OHCA staff coordination of CE workgroups	OHCA
Targeted	8/13/2018	Oklahoma Family Network (Members & Stakeholders)	Webcast
Phone	8/16/2018	Update call w/ Sec. Bengé, Rebecca Hobbes and Sec. Buck	Conference call
Public	8/16/2018	Public Meeting / Comanche County Health Department	Lawton
Public	8/17/2018	Public Meeting / Norman Regional Education Center/Rep. Emily Virgin	Norman
Public	8/20/2018	Public Meeting / City Hall / Sec. Bengé and Deputy Assistant Brian Hendrix attended	Pawnee
Targeted	8/21/2018	Workforce Innovation Board of Directors & Oklahoma Works/Workforce Development/Rebecca Hobbes	Oklahoma City

Type	Date	Description	Location
Public	8/21/2018	Public Meeting / Variety Care Lafayette Community Health Center	Oklahoma City
Phone	8/22/2018	Update w/Rep. Caldwell, Mark Tygret, Stacy Johnson	Conference call
Targeted	8/23/2018	Cross Sector Innovations, MetaFund and Oklahoma Works	Conference call
Public	8/23/2018	Public Meeting / Northwestern OK State Univ./ Rep. Chad Caldwell, Former House Speaker Jeff Hickman & OHCA board member Ann Bryant	Enid
Public	8/24/2018	Public Meeting / Eastern OK State College	McAlester
Public	8/24/2018	Public Meeting / Poteau Seminar Center	Poteau
Phone	8/27/2018	Update w/Rep. Mulready, Sen. Thompson, Sen. David, Sen. Pugh	Conference call
Public	8/27/2018	Public Meeting / James O Goodwin Health Center (Tulsa City/County Health Dep't)	Tulsa
Targeted	8/28/2018	Rural Health Association of Oklahoma: Rural Roundtable Mayor Kelly Parker and former House Speaker Jeff Hickman attended	Alva
Targeted	8/29/2018	OSDH Expanded Leadership Meeting	OSDH
Targeted	8/30/2018	OK Turning Point Conference & Policy Day	Oklahoma City
Targeted	9/5/2018	Dept. of Mental Health and Substance Abuse Services	Oklahoma City
Targeted	9/5/2018	United Way Agency Directors Meeting	Oklahoma City
Targeted	9/11/2018	United Way Agency Directors Meeting	Norman
Public	9/13/2018	OHCA Board Meeting	Oklahoma City
Targeted	9/17/2018	Oklahoma American Academy of Pediatrics (OKAAP) Board of Directors Meeting	OKAAP
Targeted	9/17/2018	Oklahoma State Medical Association (OSMA) and Oklahoma Osteopathic Association (OOA) Meeting	OOA
Public	9/20/2018	Medical Advisory Committee Meeting	OHCA
Public	10/9/2018	Child Health Group Meeting	Oklahoma City

Attachment C: Public Comment Summary

OHCA received over 1,200 comments regarding Community Engagement (CE) from current and former SoonerCare members, provider groups, advocacy groups, non-profit organizations, tribal representatives, and the general public. Comments were submitted in writing, to OHCA's public website or to OHCACommunityengagement@okhca.org, a dedicated e-mail address OHCA established to receive public comments.

OHCA reviewed each comment and categorized it by subject matter and area of concern. Many comments contained multiple concerns. Below is a summary of the number of comments received. Each comment is sorted by the number of times it was submitted and followed by a description of that message.

<u>Category</u>	<u># of messages containing category</u>	<u>Description of Message</u>
Protect SoonerCare and Oklahomans	605	Comments generally asked for SoonerCare/ Medicaid, and Oklahomans to be protected by not enacting this amendment.
Barriers to meeting the requirements	281	Comments indicated concern about barriers being in place that would prevent members from meeting the work requirements, such as available jobs, transportation, or daycare.
Catch 22	244	Comments suggested that requiring individuals to work for SoonerCare could increase income resulting in potential loss of existing health coverage.
Higher uninsured	117	Comments suggested that the amendment could increase the uninsured rate, resulting in higher cost due to uncompensated care in settings such as the emergency room.
Personal Story	114	Comments referenced personal stories of the writer to illustrate their point about Community Engagement.
Legislature / Governor	83	Comments of opposition to the amendment/requirements primarily directed to the state legislature, Oklahoma Governor, or the political process.
Spend More than Save	72	Comments suggested that the costs for implementing and operating the work requirements program will cost more than the savings from having members work. Comments state that work requirements will have a high administrative cost.
Oklahoma Values	60	Comments suggested the proposed Amendment is not in line with Oklahoma values.

<u>Category</u>	<u># of messages containing category</u>	<u>Description of Message</u>
Mental Health Concern	51	Comments about mental health of members being an unrecognized barrier to employment. The public also commented that OHCA didn't include mental health concerns while writing the amendment.
Amendment suggestion	37	Comments suggested changes or revisions to the amendment to improve it or make it better.
Support of people working for benefits	30	General comments supported the idea of having people work for benefits, but may or may not agree with our OHCA amendment proposal.
Support of Amendment	23	Comments were in support of the Amendment.
Question	14	Comments contained a question about the proposed amendment.
Other States	8	Comments referenced other states' experiences with community engagement and how community engagement in other states is not working and is facing lawsuits.
Not a problem	2	Comments suggested that the amendment is tackling an issue that is not a problem.

1. Protect SoonerCare and Oklahomans:

The large majority of comments were from Oklahomans who asked OHCA to protect its most vulnerable citizens by not enacting this amendment. Many pointed out how important SoonerCare is to the health and well-being of low income families. Several stated they did not agree with the purpose of the amendment. These comments often fit into other categories of comments as well, and they will be discussed below.

Response: OHCA designed its entire public notice process to be as receptive and open to the concerns of the public as possible while staying true to its mission statement that states, in part, to "...cultivate relationships to improve the health outcomes of Oklahomans" while complying with the provisions of HB 2932. It is the intent of the OHCA to work with members and community partners to assist members in meeting the CE requirements while preserving health coverage. The responses below will provide more detail about the actions OHCA has taken to be receptive to the public and concerns expressed about this amendment.

2. Barriers to Meeting Community Engagement Requirements:

Commenters believed significant barriers exist within the state of Oklahoma that will prevent members from meeting the requirements of this amendment. There were

concerns about the lack of job opportunities in certain regions of Oklahoma as well as the seasonal nature of certain jobs and the lack of predictability of being able to work 20 hours a week. In addition to the lack of available jobs, commenters were also concerned about the lack of volunteer opportunities as well as the availability of affordable education and job training. Commenters believed transportation issues would be a major barrier to meeting these requirements as lack of reliable public transportation is a concern in many areas of the state. In addition, commenters believed the availability of affordable childcare could prove to be a major barrier to members being able to work. Commenters also thought the burden of record keeping required will keep members from complying with CE.

Response: By engaging the public through its 90-day comment period and by going to locations throughout the state, OHCA was able to obtain feedback on the types of barriers that may prevent members from meeting CE requirements. Over the course of three months, OHCA held 15 public forums, including two required public meetings, 16 targeted meetings with sister agencies, advocacy groups and other stakeholders, and held seven status update calls with state leadership.

During the latter two months of the public comment period, OHCA identified childcare, transportation, internet access, job availability, literacy, and fluency in English as possible barriers for members meeting the requirements of the amendment. At the public forums, OHCA actively engaged with the audience on possible solutions to these barriers. Through these interactions, OHCA has been able to begin work on a list of resources, options, and community partners that will help members meet the requirements.

OHCA obtained a sample of 400 members identified as likely to be affected by these requirements and conducted a phone survey to ask them about the barriers they face. These members were located in the seven counties with the highest population of members affected by CE. Some 74 members responded to questions about the availability of transportation, child care, jobs, and internet access in their region. Sixty two percent of members that responded indicated they had their own car, while another 22 percent said they could get a ride with a friend or family member. Sixty-five percent of respondents stated they would know where to find a job and 51 percent said they would have someone to watch their children if they were out of the home during the day. Eighty-four percent of members said they had access to the internet. The results of the survey indicated that while there will be barriers for some members, many members do have access to transportation, child care, and the internet.

Category	Total Number of Survey Participation
No longer eligible	44
Exempt case (DHS/ABD/Other)	55
No phone or disconnected	78
Declined to participate	31
Unsuccessful (no answer/voicemail)	118
Completed Survey	74
Total	400

Early in the public comment period, OHCA formed several internal workgroups to support CE. One workgroup focused on the reporting processes that may be involved in documenting compliance with CE requirements. The workgroup identified existing as well as new ways that information could be gathered electronically to verify that members are exempt or meeting work requirements. The work group also identified ways members would be able to report they are meeting requirements and is in the process of creating forms to be used in this process. OHCA will continue to refine the reporting process to assist members during implementation of CE.

OHCA hopes to overcome barriers to members meeting requirements through the use of real-time data sharing with the Oklahoma Office of Workforce Development (Oklahoma Works). OHCA and Oklahoma Works will have real-time communication about members that need resources to meet amendment requirements. Members will be referred to Oklahoma Works, where they will be able to find assistance in locating work or training activities in their area.

3. Catch-22:

Many commenters were concerned that if members work the required hours needed to stay on SoonerCare, they will earn too much income to qualify for SoonerCare and thus become ineligible. Commenters also mentioned a lack of affordable coverage for members who lose eligibility as a result of complying with the amendment. Further, commenters stated that in general, members will be hurt for doing something that is helpful to them (lose health coverage by working) and believe the idea of working to maintain coverage is a fallacy because working will actually cause them to be ineligible.

Response: OHCA is aware of the possibility that an individual's increased income, due to compliance with CE, could exceed the maximum guideline for eligibility for SoonerCare. OHCA's "Bridge to Coverage" will offer members who are at risk of losing SoonerCare eligibility due to increased income as a result of employment the Insure Oklahoma (IO) premium assistance program. When a member exceeds the income threshold for SoonerCare, the member will receive a closure notice for SoonerCare, and an invitation to become a member of the IO Individual Plan. The member will be required to pay a small premium based on income.

4. Higher Uninsured Rate:

Commenters believe that the result of implementing CE will increase the number of uninsured people in the state of Oklahoma. Commenters discussed the possibility of members either earning too much to remain on SoonerCare or failing to meet the requirements to maintain eligibility, and no longer having health coverage. They conveyed worry over higher emergency room usage, which will increase costs and affect the health of members who no longer have insurance coverage. Commenters felt that Oklahomans without coverage will seek care, but the costs will be transferred to hospitals and those who can afford health insurance.

Response: The agency is actively pursuing several different avenues to support members in meeting eligibility requirements. OHCA will utilize data matching whenever possible to verify members who are exempt from the requirements or whose employment meets the requirements. OHCA is exploring additional avenues for data matching with the Oklahoma Works and other state agencies. For members who cannot be verified via data matching, OHCA has an active workgroup that is designing the reporting process that will simplify steps for members to comply with the reporting requirements.

OHCA created an outreach workgroup tasked with identifying ways to communicate with members about CE. This workgroup plans on creating a webpage that will provide resources to members, including information on CE and links to resources about jobs, volunteering, childcare, and transportation. These links will be tailored to specific regions in Oklahoma, allowing members to identify resources in their area. OHCA has included in its SFY2020 budget request funding for staff that will be dedicated to assisting members in complying with CE. OHCA will also request funds for eligibility and enrollment system changes that will ease the reporting requirements for members.

5. Personal Story:

Many commenters talked about their personal story when stating their opinion on how the amendment will affect them or their community. They talked about their experience working with members, their family members on SoonerCare, or their own struggle to find work while living in poverty.

Response: During the planning states of this amendment, OHCA ran multiple sets of data to identify the members that would be affected by CE requirements. This data, however, didn't tell the full story of the members affected by this amendment. OHCA wanted to truly find out who these members were and how the program could be structured in a way that would benefit them the best. Through the required tribal consultation, two public meetings, 13 public forums, 16 stakeholder meetings, and almost 1,200 comments, OHCA was able to learn much about these members. Agency staff read all of the comments from the public that shared personal stories about how they will be affected by the amendment. It listened to members and stakeholders share their stories at public forums and asked for ideas and suggestions on how to structure the CE requirements that would be most helpful to the member. Through its extensive public notice process that involved 38 meetings across the state, multiple internal workgroups, a 90-day comment period, and interaction with stakeholders, OHCA did everything it could to take the impact to members into account in designing the proposed CE requirements.

6. Legislature / Governor:

Commenters voiced their displeasure with the political process and stated their belief that this proposal is misguided from a political standpoint. They believe the Legislature and Governor are incorrect in their assumption that this amendment will be helpful to Oklahomans on SoonerCare.

Response: The March 15, 2018 Executive Order signed by Governor Mary Fallin and HB 2932 passed by the Legislature, directed OHCA to submit an amendment to CMS that would require certain members to meet CE requirements in order to maintain SoonerCare coverage. Throughout the process of crafting the initial draft of the amendment, OHCA communicated with the Governor's office and the legislature about what would be in the final amendment draft. Once the draft was publicly posted, OHCA continued to involve the Governor and legislature in the process. The agency held weekly status meetings with state leadership to update them on the progress of the amendment and the information obtained during the public notice process. OHCA also gave regular updates to the authors of the bill. OHCA invited local legislators to the public forums held in their districts and several attended. A representative from the Governor's office was included as a member on all the workgroups created to address CE.

7. Spend More than Save:

Commenters believe that the costs to implement this program will cost more to the state of Oklahoma than it will end up saving by members losing off SoonerCare coverage. Commenters stated the administrative costs and bureaucracy created to implement the

program will far exceed the value received. Others also mentioned the increased costs that will be added to the medical infrastructure in Oklahoma.

Response: One of OHCA's objectives with the CE amendment request is to "Test the results of implementing CE requirements as a condition of SoonerCare eligibility and the relationship to health outcomes." After implementing the program, OHCA will analyze data to see if CE improves the health outcomes of the members affected by the requirements. OHCA has submitted as part of its SFY2020 budget a request for funds to make system changes necessary to implement this program which provides a 90/10 federal to state dollar match rate. The workgroups formed by OHCA will continue to look at the most optimal way to operationalize CE while waiting for approval.

8. Oklahoma Values:

Commenters cited morality, religion, and compassion as reasons why the amendment should be opposed. In various ways, they stated this amendment goes against what the majority of Oklahomans believe in and stand for.

Response: During the public notice process, OHCA found many members that were strong in their feelings against this amendment. OHCA tried to emphasize the goal of finding ways to implement the amendment that will place the least amount of burden on members.

9. Mental Health Concern:

Commenters believe mental health concerns of members could prevent them from meeting the CE requirements described in the amendment. It was stated that many members do not qualify for a disability that would exempt them from the requirements, but struggle daily with a mental illness that could prevent them from working. Commenters are concerned about those who have not yet been approved for disability as well.

Response: In the amendment, Section 6.3 states "Individuals who are medically certified as physically or mentally unfit for employment" will be exempt. Section 6.5 states that "A parent or caretaker personally responsible for the care of an incapacitated person; (as attested to by a Medical or Mental health provider)" will be exempt. OHCA believes these exemptions as written will ensure that any member unable to meet the requirements due to mental health concerns will be exempted. Additionally, Section 9 of the amendment allows for Good Cause exemptions that will be determined on a case by case basis.

Throughout the process of drafting the amendment, gathering input from the public, and creating workgroups to address areas of concern, OHCA has included representatives from the Oklahoma State Department of Mental Health and Substance Abuse Services (ODMHSAS). ODMHSAS has advised OHCA on the ways to identify members involved in substance abuse programs and how the exemption for those in substance abuse treatment will be operationalized.

10. Amendment Suggestion:

Commenters replied with suggestions to improve the amendment. OHCA received several requests to exempt additional populations or circumstances of members, such as mental illness, or parents with children older than six. Others suggested implementing the requirements in steps or increasing the FPL for parent-caretaker eligibility. Commenters also asked that OHCA evaluate each member on a case by case basis and possibly include exemptions for members that do not have the option to work outside of the home. Other suggestions included having OHCA help pay for transportation and childcare.

Response: OHCA received recommendations for changes to the amendment through the public meetings and public comment process and took all suggestions into consideration. OHCA decided to maintain the exemptions initially listed in the amendment, but added a section detailing a “good cause” exemption. Good cause exemptions will be reviewed on a case by case basis and will allow members not otherwise exempt to state why they should be exempt from the CE requirements.

11. Support of Goal for individuals to work for coverage:

Several commenters understand the goal of the Amendment and are supportive of the idea of requiring work from members to receive benefits, however they generally did not support the specific details of the amendment. They understood the theory behind the proposal, but didn't think it would work in practice.

Response: OHCA reviewed these comments and recognizes the complexity of the issues surrounding CE. The agency appreciates the comments given as it carries out the legislative directive.

12. Support of Amendment:

A handful of commenters were supportive of the amendment and encouraged OHCA to proceed with the amendment.

Response: OHCA appreciates the time that Oklahomans took to write in favor of the amendment.

13. Question:

Several commenters submitted questions with their comments. Questions included requests for clarifications regarding exemptions and if both parents in a household would be required to work. Others asked if OHCA had assessed the number of members affected by this amendment and the potential costs. One person asked if tribal members would be exempt. Another asked if OHCA would provide childcare or transportation while a mother worked.

Response: OHCA recognizes CE requirements have generated a lot of interest in the public. OHCA scheduled public forums across all regions of the state to both educate members and stakeholders and to take questions and input. OHCA realizes there will continue to be questions throughout this process and is dedicated to being responsive. OHCA's outreach efforts will include digital and traditional technology as well as personal outreach and education efforts. A dedicated landing page for CE updates has been created describing in everyday language the SoonerCare members who may be impacted. The page also contains a link to the original page advertising the public comment period, with real-time updates on the progress of the waiver application, and in the future the page will contain resources of job and volunteering opportunities. Additionally, the agency will utilize our provider services unit and other communications tools to place posters in providers' offices, for direct contact with impacted members. Our outreach plan will also include other low-technology approaches, including radio ads and community meeting presentations, in order to reach family members and use word-of-mouth communications.

Based on questions received from the public, OHCA revised its one page information sheet multiple times to provide the data most helpful to the public. OHCA also created a map that showed the location of members most likely affected by the amendment and listed the income levels that would result in ending eligibility in SoonerCare.

14. Other States:

Comments that referenced other states talked about how other states had tried CE with mixed results. One commenter mentioned that fact that Kentucky had been sued to stop their CE program.

Response: While developing the draft amendment, OHCA studied other states that had both been approved or had already submitted a CE request. Other states provided guidance on ways to craft our own amendment as well as possible additional exemptions. OHCA leadership also attended a CMS sponsored CE symposium where they were able to communicate with other states and get ideas for Oklahoma's amendment. Throughout the process, OHCA has been in contact with other states in order to learn from them the best way to craft the amendment and navigate the public notice process.

15. Not a problem:

A few commenters said that this amendment was tackling an issue that was not a problem in the state of Oklahoma.

Response: OHCA respects the comments of these individuals. The submission of the CE amendment is being done as requested by the governor and legislature.

Attachment D: Reporting Forms

Exemption Request Form



Name:

Member ID Number:

Date of Birth: MM/DD/YYYY

Phone Number:

Address:

City

State

Zip Code

Brief explanation for exemption:

The information I give in this form is true and correct to the best of my knowledge. I realize if I give information that is not true OR if I withhold information, I can be lawfully punished for fraud and/or perjury. I may also have to repay the State of Oklahoma for any payments or claims incurred which were paid based on representation that I made herein.

Member Signature

Date:

Version 1
10/13/2018

Oklahoma
HealthCare
Authority

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City		State	
Name:		Phone Number:	
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City		State	

Date:

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Attachment E: Governor's Executive Order



Mary Fallin
Governor

FILED

MAR 05 2018

**EXECUTIVE DEPARTMENT
EXECUTIVE ORDER 2018-05**

**OKLAHOMA SECRETARY
OF STATE**

To the Secretary of State, the Oklahoma Health Care Authority Board, and the Secretary of Health and Human Services:

WHEREAS, a core objective of the Medicaid program is to help low-income families and individuals attain capability for independence;

WHEREAS, work is a critical tool in attaining capability for independence;

WHEREAS, work requirements in other welfare programs have helped move individuals from welfare to work;

WHEREAS, the Centers for Medicare and Medicaid Services issued guidance in January 2018 for states seeking to further the objectives of the Medicaid program by promoting work; and

WHEREAS, the Centers for Medicare and Medicaid Services have approved two states' proposals to promote work.

THEREFORE, pursuant to the power and authority vested in me by Sections 1 and 2 of Article VI of the Oklahoma Constitution, I hereby direct the Oklahoma Health Care Authority to file any and all federal waivers and state plan amendments necessary to incorporate a work requirement in the Medicaid program.

All existing exemptions shall be applied, including but not limited to individuals under the age of 19; over the age of 64; medically certified as physically or mentally unfit for employment; pregnant; a parent or caretaker responsible for the care of a dependent child under the age of 6; a parent or caretaker personally providing the care for a dependent child with serious medical conditions or with a disability; receiving unemployment compensation and complying with work requirements that are part of the Federal-State unemployment compensation system; or participating in a drug addiction or alcoholic treatment and rehabilitation program.

The Oklahoma Health Care Authority shall submit recommendations for any state plan amendments or waivers required under this Executive Order within six months to the Governor and the Legislature.

049123

Copies of this Executive Order shall be distributed to every member of the Oklahoma House of Representatives, every member of the Oklahoma State Senate, the Clerk of the House of Representatives, the Secretary of the Senate, the Director of the Office of Management and Enterprise Services, the Secretary of State, the Oklahoma Health Care Authority Board, and the Secretary of Health and Human Services.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Oklahoma to be affixed at Oklahoma City, Oklahoma, this 5th day of March, 2018.

BY THE GOVERNOR OF THE STATE OF OKLAHOMA



MARY FALLIN

ATTEST:



DAVE LOPEZ, SECRETARY OF STATE